

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031434

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 5570

Registrar's No. 411

FILED SEP 3 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson <i>St. Charles Twp.</i> b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sibley - Route 1</i> c. FULL NAME OF (If NOT in hospital, give location) <i>her own home</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> c. CITY OR TOWN <i>Sibley</i> d. STREET ADDRESS <i>Route 1</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Florence Roberta Graham</i>		4. DATE OF DEATH Month Day Year <i>Aug. 25, 1962</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/2/07</i>
9. AGE (last birthday) <i>55</i>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>self-employed</i>		11b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	
12a. BIRTHPLACE (City and state or country) <i>Lexington, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Franklyn P. Graham</i>		13b. MOTHER'S MAIDEN NAME <i>Georgia Walkup</i>	
14. NAME OF HUSBAND OR WIFE <i>none</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Mrs. Harry Thorpe New York 9 N.Y.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Remarriage from Graham</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>suicide</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. <i>11</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. H. A. Owens</i>		22b. ADDRESS <i>152 Union Station</i>	
22c. DATE SIGNED <i>8-29-62</i>		22d. NAME OF CEMETERY OR CREMATOR <i>Higginsville Cemetery</i>	
22e. LOCATION (City, town, or county) <i>Higginsville, Missouri</i>		22f. DATE RECD. BY LOCAL REG. <i>8-30-62</i>	
22g. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>		22h. FUNERAL DIRECTOR <i>Hazel H. Reppert, Buckner, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.